

SUMMARY OF MEDICAL PLAN BENEFIT CHANGES FOR THE 2006/2007 PLAN YEAR



All Current Plan options will remain in place for the upcoming Plan Year beginning December 1, 2006. If you wish to remain in your current plan you do not need to re-enroll.

In order to improve the member experience and usability of the Plans, the City and Great-West Healthcare have installed the following enhancements:

POS Plans will no longer contain a referral authorization requirement. POS members must still select a PCP to guide their medical care. However, claims will no longer be held or denied waiting on a referral authorization for necessary specialty care. All care must still satisfy medical necessity requirements and you must use a network provider to obtain higher level benefits.

Other insurance information can now be taken over the phone. This information was formerly required to be updated in writing on a calendar year basis, but a simple phone call to Great-West Healthcare's toll free customer service line is now acceptable.

Student Status requirement is now required only once per year over the phone. This information was required once per semester in writing, but again a phone call is now acceptable.

Emergency room physicians are now paid based on the network status of the facility. Since the member has limited control over the physician's network status at the time of emergency, these facility based physicians are now being paid at the Network coinsurance.

Certain physicians, such as anesthesiologists, and asst. surgeons which are non-network are being paid at the Network coinsurance if the hospital is a network hospital Since the member has no control over the ancillary physicians provided by the hospital, these physicians are now being paid at the network coinsurance.

Please continue to utilize your current plan booklets from the 2006 plan year.

